



# INTERNSHIP AGREEMENT

Semester:  
**Course Name/#:** # of Units:  
 Grade Mode (Select one): CR/NC Grade

Student Name: Student ID#: Major/Minor:

Student Address:

Student Phone: Email:

Title of Internship:

Name of Agency:

Address of Agency/URL:

Term of Internship: 20 To 20

Weekly Schedule: Anticipated Total Number of Hours Worked:

**Part A:** (To be completed with on-site supervisor)

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On-Site Supervisor:

Phone: Email:

1. Student objectives of internship:

2. Duties, responsibilities, projects to be performed for the agency:

3. Training/orientation provided by the agency:

4. Process of evaluation by supervisor including approximate number of site visits:

**Part B:** (To be completed by students in consultation with faculty sponsor)

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Faculty Sponsor:

Phone: Email:

1. Other academic components of internship: (i.e., readings, class meetings, library research, final paper, survey work, etc.):

2. Process of evaluation by faculty sponsor:

**Part C:** (Required Signatures)

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Student \_\_\_\_\_ Date: \_\_\_\_\_

On Site Supervisor \_\_\_\_\_ Date: \_\_\_\_\_

Instructor / Faculty Sponsor \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair \_\_\_\_\_ Date: \_\_\_\_\_

School Dean \_\_\_\_\_ Date: \_\_\_\_\_

In conjunction with department staff, obtain all signatures and file completed form with the Scheduling Office, STEV 1024.